

Dual-Choice Kickoff Registration Form

Name		Title	
Employer Name			
Address			
City		State	Zip Code
Telephone No. ()	Fax. No. ()	E-Mail	

Name		Title	
Employer Name			
Address			
City		State	Zip Code
Telephone No. ()	Fax. No. ()	E-Mail	

Please fax or mail your registration form to Wendy Pink by Friday, September 5.

Fax: (608) 266-5801

Attn: Wendy Pink

Mail: Department of Employee Trust Funds

Attn: Wendy Pink

P.O. Box 7931

Madison, WI 53707-7931